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Bib Data Sheet

CONFIRMATION NO. 9860

|   |   |                                    |  |   |
|---|---|------------------------------------|--|---|
| <b>SERIAL NUMBER</b><br>09/466,180  | <b>FILING OR 371(c)<br/>DATE</b><br>12/17/1999<br><b>RULE</b>   | <b>CLASS</b><br>711                | <b>GROUP ART UNIT</b><br>2185  | <b>ATTORNEY<br/>DOCKET NO.</b><br>2207/7414 |
| <b>APPLICANTS</b><br>DONALD F. CAMERON, PORTLAND, OR;<br>FRANK L. BERRY, CORNELIUS, OR;   |   |                                    |  |   |
| <b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/135,259 05/21/1999   |   |                                    |  |   |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |                                    |  |   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br>** 01/31/2000   |   |                                    |  |   |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged<br>Examiner's Signature _____ Initials _____ |   | <b>STATE OR<br/>COUNTRY<br/>OR</b> | <b>SHEETS<br/>DRAWING</b><br>11  | <b>TOTAL<br/>CLAIMS</b><br>20               |
|   |   |                                    | <b>INDEPENDENT<br/>CLAIMS</b><br>3   |   |
| <b>ADDRESS</b><br>25693   |   |                                    |  |   |
| <b>TITLE</b><br>USE OF A TRANSLATION CACHEABLE FLAG FOR PHYSICAL ADDRESS TRANSLATION AND MEMORY<br>PROTECTION IN A HOST   |   |                                    |  |   |
| <b>FILING FEE<br/>RECEIVED</b><br>1402  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                    | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |